



P.O. Box 635 | Kings Park, NY 11754

COURSE REGISTRATION FORM

- Each three credit, forty-five hour in-service course is \$260 per course.
- All courses should be paid in full prior to the start date of the course.
- Please complete all sections of the form below.
- Send completed form and check to the address above.

Name: _____

Address: _____ (Number and street)
_____ (City, state, zip code)

Email: _____

Phone Number(s): _____

School District: _____

Subject/Grade Taught: _____

SEMESTER: ____ Fall ____ Spring ____ Summer YEAR: _____

Course # _____ Title _____ Start Date _____

Course # _____ Title _____ Start Date _____

Course # _____ Title _____ Start Date _____

I am taking these courses for: _____ (In-service credits) _____ (CTLE hours) _____ (Both)

FOR CTLE Form from NYSED: Name (First, Middle Initial, Last) _____

DOB _____ Last Four Digits of Social Security Number: # _____

PAYMENT: Check made out to CORE PD enclosed in the amount of: \$ _____

Signature _____ Date _____